

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 6 JUL 2 2 2002

OMB Number 3235-0076
Expires November 30, 2001
Estimated average burden
hours per response 16.00

NOTICE OF SALE OF SECURPTIES, PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	SEC USE	ONLY	
Prefix			Serial
	DATE RE	CEIVED	

Name of Offering ( check if this is an amendment and name has changed, and indicated	te change.) Series F Preferred Stock and Warrants
Filing Under (Check box(es) that apply): Rule 504 Rule 505	□ Rule 506 □ Section 4(6) ☑ ULOE
Type of Filing: New Filing	
A. BASIC IDENTIFICA	TION DATA
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indica	te change.) Circuit Semantics, Inc.
Address of Executive Offices (Number and Street, City, State, Zip Code) 2590 No. First Street, Suite 301, San Jose, CA 95131	Telephone Number (Including Area Code): PROCESSED (408) 953-0730
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Same as above	Telephone Number (Including Area Code):  Same as above  JUL 2 3 2002
Brief Description of Business: Developer of electronic design automation software	THOMSON FINANCIAL
Type of Business Organization:  ☐ Corporation ☐ limited partnership, already formed ☐ business trust ☐ limited partnership, to be formed	other (please specify):Limited Liability Company
Actual or Estimated Date of Incorporation or Organization  Month  O 1  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviat CN for Canada; FN for other foreign jurisdic	

## GENERAL INSTRUCTIONS

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

<ul> <li>Enter the information requested for the formation are a Each promoter of the issuer, if the is</li> <li>Each beneficial owner having the posecurities of the issuer;</li> <li>Each executive officer and director</li> </ul>	suer has been organized ower to vote or dispose, o	or direct the vote or dispos		
<ul><li>and</li><li>Each general and managing partner of</li></ul>	of partnership issuers.			
Check Box(es) that apply: Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if individual):	Larsen, Gary		·	
Business or Residence Address (Number and	Street, City, State, Zip C	Code):2590 No. First Stree	t, Suite 301, San	Jose, CA 95131
Check Box(es) that apply:  Promoter	⊠ Beneficial Owner		□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual):	Srinivasan, Arvind			
Business or Residence Address (Number and	Street, City, State, Zip C	Code): 2590 No. First Stree	et, Suite 301, San	Jose, CA 95131
Check Box(es) that apply: Promoter	Beneficial Owner	☐ Executive Officer	□ Director	☐ General Manager
Full Name (Last name first, if individual):	Detjens, Ewald			
Business or Residence Address (Number and	Street, City, State, Zip C	Code): 2590 No. First Stree	et, Suite 301, San	Jose, CA 95131
Check Box(es) that apply:  Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if individual):	Mak, Phil			
Business or Residence Address (Number and	Street, City, State, Zip C	Code): 2590 No. First Stree	et, Suite 301, San	Jose, CA 95131
Check Box(es) that apply:  Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual):	Chaudhri, Haroon			
Business or Residence Address (Number and	Street, City, State, Zip C	Code): 463 Arlington Ave.	, Berkeley, CA 9	4707
Check Box(es) that apply:  Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual):	Lall, Sanjay			
Business or Residence Address (Number and	Street, City, State, Zip C	Code): 2 Candleleaf Ct., A	ustin, TX 78703	
Check Box(es) that apply:  Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual):	McCafferty, Douglas			
Business or Residence Address (Number and	Street, City, State, Zip C	Code): 6617 Camelia Dr., S	San Jose, CA 951	20
	A. BASIC IDENTIF	FICATION DATA		

<ul> <li>Each promoter of the issuer, if the is</li> <li>Each beneficial owner having the posecurities of the issuer;</li> </ul>			ition of, 10% or	more of a class of equity
<ul> <li>Each executive officer and director and</li> </ul>	•	of corporate general and	managing partner	rs of partnership issuers;
Each general and managing partner  ———————————————————————————————————			<u></u>	
Check Box(es) that apply:  Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual):	Silicon Valley Investm	ent Group, XIII		
Business or Residence Address (Number and	Street, City, State, Zip C	ode):6617 Camelia Dr., S	an Jose, CA 9512	20
Check Box(es) that apply:  Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual):	Srinivasan, Vijay			
Business or Residence Address (Number and	l Street, City, State, Zip C	code):107 Frohlich Dr., Ca	ry, NC 27513	
Check Box(es) that apply:  Promoter	Beneficial Owner	Executive Officer	Director	General Manager
Full Name (Last name first, if individual):	Van Schuyver, Jan			
Business or Residence Address (Number and	Street, City, State, Zip C	ode): 1665 Bel Air Ave.,	San Jose, CA 95	126
Check Box(es) that apply:  Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual):	VenGlobal Capital Fur	nd, L.P.		
Business or Residence Address (Number and	Street, City, State, Zip C	Code): 20195 Stevens Creek	Blvd., Ste. 110, Cu	pertino, CA 95014
Check Box(es) that apply:   Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual):	Wong, Warren C.			
Business or Residence Address (Number and	l Street, City, State, Zip C	ode): 5938 Porto Allegre	Dr., San Jose, CA	A 95120
Check Box(es) that apply:  Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual):	Hall, Kevin			
Business or Residence Address (Number and	l Street, City, State, Zip C	Code): 1734 Fulton Street,	Palo Alto, CA 94	1303
Check Box(es) that apply:	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual):	Crescent Venture Inves	stors, LLC		
Business or Residence Address (Number and	Street, City, State, Zip C	Code): 1734 Fulton Ave., F	Palo Alto, CA 94	303
(Use blank shee	et, or copy and use addition	onal copies of this sheet, a	s necessary)	
В. П	NFORMATION ABOU	T OFFERING		

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1.	Has the iss	uer sold,	or does th	ne issuer i	ntend to	sell, to no	on-accred	ited inve	stors in th	nis offerin	ng?		r es	No.
				A	nswer als	so in App	endix, Co	olumn 2,	if filing u	nder UL	OE.			
2.	What is the	minimun	n investm	ent that v	vill be ac	cepted fro	om any in	dividual'	?				\$10,000	
													Yes	No
3.	Does the of	ffering pe	rmit joint	ownersh	ip of a si	ngle unit	?							$\boxtimes$
	Enter the indirectly, sales of secdealer regiments of the inforth the in	any communities in stered with five (5) p	nission of the offer th the SE tersons to	r similar ing. If a p C and/or be listed	remuner person to with a s l are asso	ation for be listed tate or so ciated pe	solicitati is an asso tates, list	on of pu ociated po the name	rchasers erson or a e of the l	in conne agent of a proker or	ction wit broker of dealer.	h or lf		
Full	Name (Las	t name fir	st, if indi	vidual):	N/A									
Busi	ness or Res	sidence A	ddress (N	Iumber aı	nd Street,	City, Sta	ite, Zip C	ode): N/	A					
Nam	e of Assoc	iated Bro	ker or De	aler:										
	s in Which												All States	
(CIIC		(AZ	[AR]	(CA)	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	 [ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full	Name (Las	t name fir	rst, if indi	vidual):			<u>-</u>							
Busi	ness or Res	sidence A	ddress (N	lumber ai	nd Street,	City, Sta	nte, Zip C	ode):		- , <del>-</del>				
Nam	e of Assoc	iated Bro	ker or De	aler:										
	es in Which ock "All Sta										•••••		All States	
[AL		[AZ]				[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT [RI]	] [NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
	Name (Las				[0+]	., -,	[ , , , -]	[		[ ]	[	[]		··.
Busi	ness or Re	sidence A	ddress (N	lumber a	nd Street,	City, Sta	ite, Zip C	ode):					<del>-</del>	<del></del> -
Nam	e of Assoc	iated Bro	ker or De	aler:										
	es in Which ock "All Sta												All States	
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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[M]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
		C. OF	FERING	G PRICE	, NUMB	ER OF	INVEST	ORS, EX	PENSES	S AND U	SE OF P	ROCE	EDS	

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1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \subseteq \) and indicate in the column below the amounts of the securities offered for exphange and already exphanged.		
	exchange and already exchanged.  Type of Security  Debt	Aggregate Offering Price \$0	Amount Already Sold \$0
	EquitySeries F Preferred Stock	\$_2,250,300_	\$_2,250,000_
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants) Warrants	<b>\$337,545</b>	\$0
	Partnership Interests	\$0	\$0
	Other (Specify)	\$0	\$0
	Total	\$_2,587,845_	\$_2,250,000_
	Answer also in Appendix, Column 3, if filing under ULOE	12 /- /- /- /-	12,11,
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Agamagata
		Number of Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	2	\$_2,250,000_
	Non-accredited Investors	0	\$0
	Total (for filings under rule 504 only)	N/A	\$N/A
	Answer also in Appendix, Column 4, if filing under ULOE		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$N/A
	Regulation A	N/A	\$N/A
	Rule 504	N/A	\$N/A
	Total	N/A	\$N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	$\overline{\Box}$	\$
	Legal Fees	$\boxtimes$	\$20,000
	Accounting Fees		\$
	Engineering Fees	$\Box$	\$
	Sales Commissions (Specify finder's fees separately)		\$
	Other Expenses (identify)Bluesky Fee	$\square$	\$500
	Salet Expenses (resinity)Statisty 1 00 minimum	~	<del></del>
	Total	☒	\$20,500

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

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the "adjusted gross proceeds to the issue	er."				
used for each of the purposes shown. estimate and check the box to the left o	sted gross proceeds to the issuer used or proportion of the amount for any purpose is not known, f the estimate. The total of the payments listed to set forth in response to Part C - Question 4.b al	furnish an nust equal			
			Offi Direc	ents to cers, tors, & liates	Payments to Others
Salaries and Fees			\$	□	\$
Purchase of real estate			\$	□	\$
Purchase, rental or leasing and ins	tallation of machinery and equipment		\$		\$
Construction or leasing of plant bu	uildings and facilities		\$		\$
offering that may be used in exc	(including the value of securities involved in hange for the assets or securities of another issue	suer	\$		\$
Repayment of indebtedness			\$		\$
Working capital			\$		\$ 2,567,345
Other (specify)					( <u> </u>
		 	\$		\$
Column Totals			\$	⊠	\$_2,567,345_
Total Payments Listed (column to	tals added)	•••••		<b>⊠</b> \$_2,	567,345_
	D. FEDERAL SIGNATURE	7-4	<u> </u>		
following signature constitutes an underta	e signed by the undersigned duly authorized peking by the issuer to furnish to the U.S. Securied by the issuer to any non-accredited investor p	ities and E	xchange (	Commissi	ion, upon written
Issuer (Print or Type)	Signature	Date			
Circuit Semantics, Inc.	Lay a farsen	July 9, 2	002		
Name of Signer (Print or Type)	Title of Signer (Print or Type)				
Gary Larsen	Chief Executive Officer				
Intentional misstatements or omissio	ATTENTION ons of fact constitute federal criminal viol	lations. (	See 18 U	J.S.C. 10	001.)
	E. STATE SIGNATURE				

b. Enter the difference between the aggregate offering price given in response to Part C -

Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is

**■** \$ 2,567,345

					APP	ENDIX					
Intend to sell to inon-accretified investors: in State (Part > 1em) (Part > 1em)         Type of security offered in state (Part C - 1tem 1)         Number of (Part C - 1tem 2)         Number of (Part C - 1tem 2) <t< th=""><th>_1_</th><th></th><th>2</th><th>3</th><th></th><th></th><th>4</th><th></th><th></th><th>5</th></t<>	_1_		2	3			4			5	
State of Pyes         No.         Dwardase Series E purchase		non-ac investor	credited s in State	and aggregate offering price offered in state					under State ULOE (if yes, attach explanation of waiver granted)		
No	!			Warrants to	Accredited	Amount	Nonaccredited	Amount	Ves	No	
AK         Image: Control of the c	<u> </u>	Yes	No		Investors	Amount	Investors	Amount	165	140	
AZ         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M         M											
AR         Image: Color of the color o											
CA         X         \$2,250,300         2         \$2,250,000         -0-         N/A         X           CO         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I <td></td>											
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NH NH	NE										
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	NJ										

in State	Disqua under St (if yes explan waiver	lification ate ULOE attach
in State	under St (if yes explan waiver	ate ULOE , attach
	(Part E	granted) - Item 1)
Amount	Yes	No
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